Vision: All Medi-Cal managed care enrollees will have access to health care which is safe, effective, patient-centered, timely, efficient, and equitable, and which serves to reduce the burden of illness and improve the health and functioning of the enrolled individuals and population.		
Goal 1 : MMCD will increase and maintain accountability for the quality of care.		
Objective	Areas for Improvement	Strategies for Improvement
Objective 1a: contract language and policies incorporate quality requirements which: i. protect enrollee access to care ii. plan structure and operations sufficient to meet contractual obligations	Existing contracts and policies adequately address quality requirements - see Appendix A:	*Monitor developments in medical care, revise contracts/policies as needed*
iii. define the scope of contracted services and standard of care	Some contract sections need clarification	*Develop policy letters on:* *- Initial Health Assessment* *- Children with Special Health Care Needs* *- Dispensing of pharmaceuticals in emergency rooms* *- Pharmacy authorization request and denial processes* *- Advance directives*
iv. Define plan responsibilities for coordination of care	Care coordination remains difficult	*Work with other agencies to:* *- develop a written matrix of state agency roles and responsibilities, specifically re: CSHCN.* *- seek to improve reciprocal care coordination* *- clarify state confidentiality laws re: sharing of information for care coordination and quality improvement.*
v. Define plan responsibilities for quality monitoring, measurement, and improvement		
vi. Define minimum quality standards and goals for improvement.	No schedule for raising quality thresholds over time	*Evaluate if current MPLs foster continuous system improvement; consider raising quality thresholds over time*

Objective 1b: Monitor to ensure compliance with access/quality standards	Current monitoring activities include document review, medical audits, FSR, grievance review, annual EQRO review – see Appendix B	
	Need increased focus and efficiency; reduce redundancy; target poor performers using data; focus on outcomes; and integration within MMCD	*Implement plan to increase efficiency of monitoring:* - *investigate deeming of audits (e.g. NCQA) to reduce audits for high performing plans* - *improve information integration within MMCD – - Branch chief review of Dashboard Report* - *regular multi-unit review of each plan w/all monitoring information* - *use all data (audti, complaints, utilizatoin, quality) to target audits* - *develop criteria for targeting* - *use plan data (e.g. IHA tracking) for monitoring* - *develop strategies for targeted monitoring given resource limits (e.g. use FSRs with DHS chart over-read)*
	No input from stakeholders re: monitoring priorities	*Restructure MMCD Advisory Committee for in-depth discussion – subcommittee on monitoring*
	Few clear consequences for persistent poor performance	*Develop proposal for "progressive sanctions", with DMHC and A&I*
	Audit results not public quickly	*Work with A&I to ensure timely release*
Objective 1c: ***Continuously measure the quality of care, to identify plan-specific and system-wide quality performance gaps and opportunities for improvement.***	No Medi-Cal FFS quality measures	*Explore possible strategies for comparable quality measures for FFS and managed care*
	Need more whole population/whole system quality measures	*Explore methods to measure quality for all of enrolled population (e.g. across plans or by county)*

	Encounter data underutilized	*Implement encounter data improvement strategy:* - *convene an encounter data improvement group w/ producers and users;* - *compare encounter data to "gold standard" data (e.g. hospital discharge)* - *establish benchmarks and targets for timeliness, accuracy, completeness* - *provide increased feedback to plans regarding encounter data* - *develop incentives for improved encounter data* - *develop sanctions for poor encounter data* *-set specific dates for use of encounter data (e.g.default enrollment, rate setting, quality incentives)*
	Measure set limited	*Expand measure set (recognizing resources required for measurement)* - *develop measure rotation plan* - *expand use of MIS/DSS data for quality measures (eg. Over-use Abc)* - *identify feasible outcomes measurements (with researchers)* - *use other available data to assess quality (e.g.hospital d/c, CHDP, cancer)* - *build on existing chart review (e.g. FSR, HEDIS)*
	Inadequate measures of disparities	*Explore methods for better assessing disparities*
	CAHPS response low	- *Work with EQRO to improve response rate* - *Work with DSS and HCO/Maximus to improve contact info validity* - *Explore alternative methods to assess patient care experience*
	CAHPS not county-specific	*Resources preclude county-level CAHPS*
	Limited dissemination of quality data	*Publish Consumer Guide to Quality – Fall, 2004.* *Produce annual quality review for each plan*
Goal 2 : MMCD will improve the quality of care for Medi-Cal managed care enrollees.		
Objective	Areas for Improvement	Strategies for Improvement
Objective 2a: ***Implement mechanisms for increased collaboration for quality***	Sharing of resources/best practices limited	*Increase plan-plan and plan-MMCD collaboration through:* - *create mechanisms for sharing (e.g. website, listserv)* - *increase TA for poor performers* - *train MMCD and Plan staff on science of QI*

		Implement QI collaboratives: small group and state-wide. *Increase plan-stakeholder quality collaboration:* - *MMCD advisory group subcommittee on quality* - *collaboration with other DHS and State agencies on QI* - *include providers/CBOs in QI projects*
Objective 2b***: Incorporate the "care model" at practice level in QI***	Many QI projects not holistic in approach	*Incorporate practice level redesign and "care model" in QI collaboratives*
Objective 2c***: Implement financial and non-financial incentives for quality***	Quality incentives weak	*Implement financial and non-financial incentives for quality:* - *public dissemination of quality performance results* - *default enrollment based on quality* - *increase emphasis on quality criteria in contract procurement* *Develop timeline for implementing additional incentives, e.g.:* - *rewards for good quality (monetary bonuses, reduced audits)* - *progressive sanctions for poor quality (enrollment freeze)*
	Quality thresholds do not drive system improvement	*Develop MPLs for CAHPS* *Raise MPLs as needed to drive system improvement* *Link quality thresholds with incentives*
	Reimbursement methods not aligned for quality	*Incorporate financial incentives for quality in rate-setting methods.* *Incorporate health status based risk-adjustment in rate-setting*
Objective 2d: ***Improve monitoring of plan QI projects***	Some QI projects lack results	*Restructure monitoring of plan QI activities:* - *clarify requirements for initial proposals and reporting* - *conduct more structured review by EQRO* - *conduct comprehensive assessment of QI projects via periodic MMCD review*
Objective 2e: ***Partner with stakeholders to improve quality***	Stakeholders want more information	*Distribute more information about quality (Consumer Guide, quality reports)* *Expand annual quality conference to invite stakeholders* *Explore feasibility of training beneficiary reps on quality issues* *Implement enrollment survey task force recs*
	More dialogue on quality needed	*Re-structure MMCD Advisory committee* - *include provider representation* - *create committees, including quality* - *consider mechanisms to facilitate lay person participation*

Goal 3: Reduce health disparities		
Objective	Areas for Improvement	Strategies for Improvement
Objective 3a: ***Reduce health disparities***	Disparities persist	*Implement methods to measure disparities in care* *Develop QI projects to address disparities*
Goal 4: Continually improve MMCD performance		
Objective	Areas for Improvement	Strategies for Improvement
Objective 4a: ***Increase staff expertise on quality***	Little staff training on QI	*Increase MMCD staff training on quality measurement and improvement*
Objective 4b: ***Up-date Quality Strategy***		*Conduct bi-annual review*